

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90027 031 \*\*\*150.00

DOCUMENT # P98000064181

1. Entity Name

DAVIE PROFESSIONAL BUILDING, INC.



Principal Place of Business

4175 S.W. 64 AVE.  
DAVIE, FL 33314

Mailing Address

8001 SW 36TH ST  
#10  
DAVIE, FL 33328

34040110



2. Principal Place of Business

3. Mailing Address

4179 DAVIE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

02052004

Chg-P

CR2E034 (10/03)

City & State

City & State

DAVIE FL

4. FEI Number

65-0855211

Applied For

Not Applicable

Zip

Country

Zip

33314

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTINI, TERRY

8001 SW 36 ST, #10

DAVIE, FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

4179 DAVIE ROAD #200

City

DAVIE

FL

Zip Code

33314

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SANTINI, TERRY  
STREET ADDRESS 4179 DAVIE RD STE 200  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME PALERMO, JACQUELINE  
STREET ADDRESS 4179 DAVIE RD STE 200  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

TITLE T  
NAME JACQUELINE PALERMO  
STREET ADDRESS 10490 PARIS ST  
CITY-ST-ZIP COOPER CITY, FL 33026 ☒ Change ☐ Addition

TITLE VP  
NAME BLUTH, NORMAN  
STREET ADDRESS 4175 DAVIE RD  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME BLUTH, BARRY  
STREET ADDRESS 4175 DAVIE RD  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME WITKOP, TERRY  
STREET ADDRESS 4175 DAVIE RD  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Terry Santini* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/04

Daytime Phone #